Commonwealth of Pennsylvania - Campaign Finance Report

		(Note: Ti	nis rep	ort mus	st be	clear and	d legible. I	t shou	uld be typed				en antagologia
Filer Identification Number	310000			eport Filed By Candida Mark X)		ite		Committee		X	Lobbyist		
Name of Filing Com Lobbyist	mittee, Ca	ndidate or	Comm	ittee to El	ect The	omas Carlo	tti						
Street Address			1903 V	West 8th S	treet P	MB 235							
City	Erie					State	PA		Zip Code	16505			
Type of Report (Plac	e x under r	eport type)	line and the		ina -								- History
1-6 th Tuesday 2-						riday	6- 30 Day Election	/ Post	7- Annual	Special 2 Pre-Elect		Special 3 Post-Elec	
Pre-Primary Pre	-Primary	Primary	Pre- E	lection	Pre	- Election	Election			THE Escen	1	T OSE EST	7
Date Of Election (MM/DD/YYYY)		11/07/2017	Year			2017	Amendm Report	ent	X	Terminal Report	tion]
Summary of Receipt	ts and	From Date		To Dat	e			NACOLES	For	Office Use	Only		
Expenditures		10/24/2017		11	1/27/2	017							
A. Amount Brought	Forward F	11-80° 30 V 30 10 10 10			8,131.	04					₹5	2017	
B. Total Monetary C (From Schedule I)	Contributio	ns and Receipts	\$		0						TEN EN	1 DEC	
C. Total Funds Avail (Sum of Lines A and			\$	\$ 8,131.04			1				REGIS	<u> </u>	
D. Total Expenditure (From Schedule III)			\$		6,676.	86	1				35	\mathbb{Z}	
E. Ending Cash Balar (Subtract Line D fro			\$		1,454.	18	1				NOLLWELSI	PH 9: 1:	у Х
F. Value of In-Kind ((From Schedule II)		ons Received	\$		0		1					ω	
G. Unpaid Debts an (From Schedule IV)	d Obligatio	ons	\$		0								
				his is a		Affidavit S		n hose					
Part 1- f this is a Comr	this report	rt, treasurer sign h , including the atta	ere. It to	chedules o	ndidat on pape	er, is to the	e best of my l	knowle	dge and belief t	rue, correct	and compl	ete.	
Sworm to and subscrib	ed before m	ne this	_	. 1			Kath	Elec.	1	latti	· 		
na	LWil	<u>は</u>	_	r		-	KATH	LE	Printed Nan	RHOII	7		
Sign	11-2	19		. 1			814		L	156 -	2114	<i>'</i>	
His Sio VI Transition of Exploration	MO.	DAY YR					Area Code		Da	ytime Telepl	hone Numl	ber	
Part II If this is a reno	rt of a Cand	idate's Authorized	Comm	ittee, can	didate	shall sign	here.					1/01 (000	10.222
I swear (or affirm) that amended.	t to the best	of my knowledge	and be	lief this po	olitical	committee	has not viol	ated ar	y provisions of	the Act of Ju	ine 3, 1937	(P.L. 1333, N	vO.320
Sworn to and subscrib		11						_	10		4		
day of	ecemp	NEW 20 1	_	. 1		\leq	Ph	Sio	nature of Cand	idate			
Sign	LUU nature	J	_		e	=	74	om	Printed Name	SPIOT	P ⁷		
My Commission expire	es 4:	3-19	_			-	914 Area Code	_	Day	2/56 -	21/4 one Numb	er	
	MO.	DAY YR.					Area Code		Day	rtime Teleph	one Numb	er	

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
Tonia Wilt. Notary Public
City of Erie. Erie County

My Commission Expires April 3, 2019
MEMBER, PENNSYLVAN A ASSOCIATION OF NOTARIES

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	81-5055768
	01-003/00

Total for the reporting period	(1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	o
All Other Contributions (Part B)		\$	0
Total for the reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)		HOUSE	
Contributions Received from Political Committees (Part C)	anus da	\$	o
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	CD4902		
Total for the reporting period	(4)	\$	o
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rep	ort	\$	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification i	81-5055768	3			
			era erapente describi de soman de environt de de altitudo de la como institutorio.	AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR	Amount
Full Name of Cont Committee	tributing			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	tributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	tributing		10	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	tributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	tributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/QD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY	\$
Full Name of Cont	tributing			Date [MM/DD/YYYY]	3
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification N	81-5055768			of the state of th	No.	
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
House #	Street Address		\	Date [MM/DD/YYYY]	\$	
City		State	Z/p Code	Date [MM/DD/YYYY]	\$	
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Cont	tributor	J. Ole Control	the second second second second	Data [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY)	\$	
Full Name of Cont	tributor		Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification	Number: 81-5055768					
THE REAL PROPERTY OF THE PARTY			VIII ALLENS DE MANAGEMENTO DE LES PELO DE CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE CONTRACTOR			
Full Name of Contributing Cor	nmittee	3.5565389.Rinking at 10	andra a reacusad militar i maryonem indicata a lare e come si distri	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Con	nmittee			Date [MM/DD/YYYY]	\$	
House #	Street Addxess			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Con	mmittee	1		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Sode	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$	
House#	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/QD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYX]	5	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number: 81-505	5768			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Add	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Add	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Add	Iress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor		aur au chaola te dho go chin e a lach A, ni Ge bhana, chin hi fengari	Date [MM/DD/YYYY]	\$
House # Street Add	lress		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Nu	81-5055768			
Full Name		ryanta-station paralless		
House #	Street Address			
	Street Audress		1	Day Tessalop hospi
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	No.			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on			
Full Name				
House #	Street Address	1		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on		X	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MIN/DD/YYYY] \$
Receipt Description	on			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	on			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: 81-5055768	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$ o
TO CASE OF THE PROPERTY OF THE AST TO CASE OF	O (CROM PART E)
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.0	O (FROM PART F)
TOTAL for the reporting period (2)	\$ 0
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	PART G)
TOTAL for the reporting period (3)	\$ 0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$ 0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: 81-5055768	adeliusikus) jojos karytii suuri			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor		X	Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	3
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

The state of the s	
Filer Identification Number:	81-5055768

Full Name of Contributor	A STATE OF THE STA	on the special control of the second by which we	Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
City	State			
Employer Name		L. C.	Occupation	
Employer Mailing Address / Principal Place of Business			Description of Contribution	
Full Name of Contributor		Temple of the Control of Control of the Control of Cont	Date [MM/DD/YYYY]	\$
House # Street Address	_		Date [MM/DD/YYYY]	\$
City	State	ZipCode	Date [MM/DD/YYYY]	\$
Employer Name	+/	1	Occupation	
Employer Mailing Address / Principal Place of Business			Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			Description of Contribution	
Full Name of Contributor			Date [MM/DD/XYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	5
Employer Name			Occupation	
			Description	
Employer Mailing Address / Principal Place of Business			of Contribution	

Statement of Expenditures

Filer Identification Number:	81-5055768

Note
City
Frie
10/25/2017 164.52 10/25/2017 164.52 10/25/2017 164.52 10/25/2017 164.52 10/25/2017 164.52 10/25/2017 164.52 10/25/2017 164.52 10/25/2017 10/25
House # 11525A Street Address Stonehollow Drive, Suite 100 Description of Expenditure
11525 A State Austin State TX Zip Code 78758 Political Signs
To Whom Paid Erie Times News Publishing Company House # 204 Street Address West 12th Street City Erie State PA Zip Code 16534 Political Ads in Newspaper To Whom Paid Printing Concepts Inc. Paidite Address Pacific Avenue City Erie State PA Zip Code 16505 Postage for Mailer City Erie State PA Zip Code 16505 Postage for Mailer City Erie State PA Zip Code 16505 Postage for Mailer City Erie State PA Zip Code 16505 Postage for Mailer City Erie State PA Zip Code 16505 Postage for Mailer City Erie State PA Zip Code 16505 Postage for Mailer City Erie State PA Zip Code 16505 Postage for Mailer City Erie State PA Zip Code 16505 Postage for Mailer City Erie State PA Zip Code 16505 Postage for Mailer City Erie State PA Zip Code 16505 Postage for Mailer City Erie State PA Zip Code Co
House # 204 Street Address West 12th Street
House # 204 Street Address West 12th Street City Erie State PA Zip Code 16534 Political Ads in Newspaper 1,508.34 To Whom Paid Printing Concepts Inc. Pacific Avenue Pacific Avenue PA Zip Code 16505 Postage for Mailer Postage for Mailer Postage for Mailer Postage for Mailer Pacific Avenue Pacific Ave
City Street Address PA Zip Code 16534 Political Ads in Newspaper Political Ads in Newspaper Printing Concepts Inc. Date [MM/DD/YYY] \$ 1,508.34 House # 4982 Street Address Pacific Avenue PA Zip Code 16505 Postage for Mailer Postage for Mailer Pacific Avenue Pacific Av
Frie PA Code 16534
Printing Concepts Inc. 10/26/2017 1,508.34 House # 4982 Street Address Pacific Avenue Description of Expenditure City Erie State PA Zip Code 16505 Postage for Mailer
House # 4982 Street Address Pacific Avenue Description of Expenditure City Erie Printing Concepts Inc. 10/26/2017 17508.34 Description of Expenditure Zip Code 16505 Postage for Mailer
City Erie State PA Zip Code 16505 Postage for Mailer
Erie PA Code 16505 POSLOGE TO Maller
To Whom Paid Date [MM/DD/YYYY] \$ 195
11/07/2017
House # 410 Street Address West 6th Street Description of Expenditure
City Erie State PA Zip Code 16507 Payment to Poll Workers
To Whom Paid Date [MM/DD/YYYY] \$ 400
Jekyll and Hyde's Gastropub 11/07/2017
House # 8 Street Address East 10th Street Description of Expenditure
City Erie State PA Zip Code 16501 Meals for Committee Members and Volunteers
To Whom Paid Date [MM/DD/YYYY] \$ 1,715
Printing Concepts Inc. 11/22/2017
House # 4982 Street Address Pacific Avenue Description of Expenditure
City Erie State PA Zip Code 16505 Production and Printing of Mailer
To Whom Paid Date [MM/DD/YYYY] \$
House # Street Address Description of Expenditure
City State Zip Code

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

lame of Credit	or			Outstanding Balance of Debt
louse#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
city		State	Zip Code	
escription of I	Debt			
lame of Credit	or			Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	cor		POTENCIA MENORALISMO DE LA COMPOSITA DE LA COMP	Outstanding Balance of Deb
House #	Street Address	$\langle \rangle$	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt			
Name of Credit	tor			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
City	CONTROL OF THE PROPERTY OF THE			
	Debt			
Description of				Outstanding Balance of Deb
Description of			DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Deb
Description of Name of Credit House #	tor	State		
Description of Name of Credit House #	Street Address	State	[MM/DD/YYYY] \	
Description of Name of Credit House # City Description of	Street Address Debt	State	[MM/DD/YYYY] \	\$
Description of Name of Credit House # City Description of Name of Credit House #	Street Address Debt	State	[MM/DD/YYYY] \	